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MAR 25 2005

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7590 12/30/2004

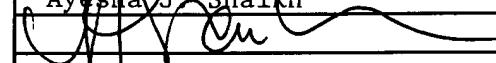
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Suite 3400
1420 Fifth Avenue
Seattle, WA 98101
03/28/2005 WABDEL3 00000030 10713527

01 FC:1501 1400.00 OP

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Ayesha J. Shaikh		(Depositor's name)
		(Signature)
March 21, 2005		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,527	11/12/2003	Shane Ching-Feng Hu	501147.03 (30119/US/3)	9301

TITLE OF INVENTION: STATIC CONTENT ADDRESSABLE MEMORY CELL

Adjustment date: 03/28/2005 WABDEL3
10/26/2004 WABDEL3 00000090 10713527
01 FC:1501 -1370.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	03/30/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
NGUYEN, VIET Q		2818		365-049000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dorsey & Whitney LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Micron Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1266 A (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kimton N. Eng

Typed or printed name Kimton N. Eng

Date March 21, 2005

Registration No. 43,605

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